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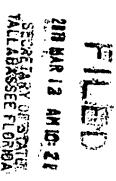
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7. MARRIE

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

Planning The Right Way, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristine Bacon
(Name of Person)
Planning The Right Way, LLC
(Firm/Company)
727 13th Avenue North
(Address)
Saint Petersburg, FL 33701
(City/State and Zip Code)

For further information concerning this matter, please call:

Kristine Bacon

(Name of Person)

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee and Certificate of Dissolution

□ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR ! A LIMITED LIABILITY COMPANY

<ol> <li>The name of a limited lia Planning The Right Way, L</li> </ol>	• •			
2. The Articles of Organizat	ion were filed on 1/6/201	7	and assigned	
document number L17000		<del>-</del>		
Note: If the date inserted i	ive date cannot be prior to or m	ore than 90 days later than date ne applicable statutory filing i	2: document is received for filing) requirements, this date will not b	)e
. A description of occurren 605.0707, Florida Statutes	ce that resulted in the lims, (copy 605.0707 on back	nited liability company's di	issolution pursuant to section	l
The business never became a	· • •	•		
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. If there are no members, e		ss of the person appointed	to wind up the company's	
activities and affairs:	N/A	<u> </u>		
	The business was never	r created.		
		<u> </u>		
. Signature of an authorized sted above to wind up the c	d person or if there are no company's activities and a	members, the signature o	f the person appointed and	
<i>:</i>				
/// Daroon		Kristine Bacon		•
Signature		Printed	Name	7
	FILING	FEE: \$25.00	Y SP STAN	Ī